

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/597252 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2		1			
4	1		1			
5	1		1			
6			1			
7	8		1			
8	1		1			
9			1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	3		1			
17						
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49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	17	←	14	←	←	
TOTAL CLAIMS	19		16			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.			↓			
TOTAL DEP.			←		←	↓
TOTAL CLAIMS			←		←	←